Fill in this information to identify your o	ase:		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		- Account	
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13		Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Rafaela government-issued picture First Name identification (for example, vour driver's license or Middle Name passport). Sandoval Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) All other names you have used in the last 8 🐇 First Name First Name years Middle Name Include your married or Middle Name maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - <u>7</u> <u>7</u> <u>8</u> <u>3</u> your Social Security number or federal OR OR Individual Taxpayer Identification number (ITIN) Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** Business name (EIN) you have used in Business name the last 8 years Business name Business name include trade names and doing business as names Business name Business name

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Debtor 1 Rafaela Sandova	l	Case number (if known)		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
	EIN	EIN		
5. Where you live	EIN	EIN If Debtor 2 lives at a different address:		
enter (Araba) a la l	10335 Devonshire Lane Number Street	Number Street		
	Westchester IL 60154			
	City State ZIP Code Cook County	City State ZIP Code		
,	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
	2846 N Kenneth Number Street	Number Street		
	P.O. Box Chicago IL 60641	P.O. Box		
Commence of the Commence of th	Chicago IL 60641 City State ZIP Code	City State ZIP Code		
6. Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Part 2: Tell the Court A	bout Your Bankruptcy Case			
. The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see North Sankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filing		
are choosing to file under	Chapter 7	, and a second		
	Chapter 11			
	Chapter 12			
and the process of th	Chapter 13			

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De	btor 1 R	afaela Sandoval			C	ase nu	mber (if known)	
8.	How you	will pay the fee	I will pay the entire fee when I file my petition. Please check with the clerk's office in your locourt for more details about how you may pay. Typically, if you are paying the fee yourself, you pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					ying the fee yourself, you may mitting your payment on your
4.40	The second secon			i ne	ed to pay the fee in installments. If you c viduals to Pay The Filing Fee in Installment	hoose s (Offic	this option, sign ial Form 103A).	and attach the Application for
(Application)	3 <u>4</u> 9			By la than	you are filing for Chapter 7. o so only if your income is less ad you are unable to pay the olication to Have the Chapter 7			
9.	Have you		図	No				
	last 8 year	y within the s?		Yes.				
			Dist	rict		When		Case number
							MM / DD / YYYY	
		4.	Dist	rict _		When	MM / DD / VVVV	Case number
* 4.4	and the services		Dist	rict _		When		Case number
10.	Are any ba	nkruptcy ling or being	\checkmark	No				
:	filed by a s	pouse who is		Yes.				
and the same	not filing the you, or by	is case with a business	Deb	tor			Relationsh	ip to you
	partner, or affiliate?		Dist	rict		When		Case number,
	ammate r						MM / DD / YYYY	if known
			Deb	tor			Relationsh	p to you
			Distr			When		Case number,
							MM / DD / YYYY	if known
11.	Do you ren residence?			No. Yes.	Go to line 12. Has your landlord obtained an eviction jud	lgment	against you?	
					No. Go to line 12.			
					Yes. Fill out Initial Statement About a and file it as part of this bankruptcy p	an Evic etition.	tion Judgment A	gainst You (Form 101A)

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De	btor 1 Rafaela Sandoval			Case number (if known)
	Report About A	ny E	Busin	esses You Own as a Sole Proprietor
12.	Are you a sole proprietor of any full- or part-time business?	<u> </u>	-	Go to Part 4. Name and location of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	mo	n ser a _l st rece	filing under Chapter 11, the court must know whether you are a small business debtor so that it oppropriate deadlines. If you indicate that you are a small business debtor, you must attach your intitude balance sheet, statement of operations, cash-flow statement, and federal income tax return if these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). I am not filing under Chapter 11.
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
				Bankruptcy Code.
Pa	rt 4: Report If You Ov	vn o	r Hav	e Any Hazardous Property or Any Property That Needs Immediate Attention
· upleage · · · · · · · · · · · · · · · · · · ·	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		No Yes.	What is the hazard?
:	hazard to public health or safety? Or do you own any property that needs immediate attention?			If immediate attention is needed, why is it needed?
į	For example, do you own perishable goods, or ivestock that must be fed, or a building that needs urgent epairs?			Where is the property? Number Street
				City State ZiP Code

Dabtas	4
Debtor	7

Rafaela Sandoval

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case): You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before ! filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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De	btor 1	Rafaela Sandoval		····				Cas	se number	(if kno	wn)
	Part 6:	Answer These (Ques	tions	for R	eporting P	urpo	oses			
16	. What ki	What kind of debts do you have?			"incurre No. (debts primaried by an indivi Go to line 16b. Go to line 17.	dual	nsumer debts? primarily for a pers	Consumer sonal, fami	debts lly, or h	are defined in 11 U.S.C. § 101(8) ousehold purpose."
			16	mo	No. G Yes.	a business or So to line 16c. Go to line 17.	inve	siness debts? B stment or through we that are not con	the operat	ion of t	re debts that you incurred to obtain he business or investment.
17.	Are you Chapter	filing under 7?		No.	lamn	ot filing under	Cha	pter 7. Go to line	18.		
	_	estimate that after mpt property is I and	Ø	Yes.	l am fi admin	ling under Ch	apter nses	7. Do you estima are paid that fund	te that afte s will be av	er any d vailable	exempt property is excluded and to distribute to unsecured creditors?
adminis are paid availabl		nistrative expenses aid that funds will be able for distribution secured creditors?				io es					
18.		ny creditors do nate that you		1-49 50-99 100-1 200-9	99			1,000-5,000 5,001-10,000 10,001-25,000			25,001-50,000 50,001-100,000 More than 100,000
	estimate be worth	-		\$100,	0,000 01-\$100 001-\$50 001-\$1 r	0,000		\$1,000,001-\$10 i \$10,000,001-\$50 \$50,000,001-\$10 \$100,000,001-\$5	million 0 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How mudestimate	h do you your liabilities to		\$100,0	0,000 01-\$100 001-\$50 001-\$1 n	0,000		\$1,000,001-\$10 r \$10,000,001-\$50 \$50,000,001-\$10 \$100,000,001-\$5	million 0 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	rt 7:	Sign Below									
or	/ou	\$ 5	I hav	/e exan correct	nined thi	is petition, and	d I de	eclare under penal	ty of perjur	y that t	he information provided is true
· Annual and Annual an			OF I	or nam	osen to 1 11, Uni der Chaj	neo States Co	pter de.	7, I am aware that I understand the re	I may prod elief availa	ceed, if ble und	eligible, under Chapter 7, 11, 12, der each chapter, and I choose to
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).								
			I req	uest rel	ief in ac	cordance with	the	chapter of title 11,	United Sta	ates Co	de, specified in this petition.
I understand making a false statement, concealing proper connection with a bankruptcy case can result in fines up or both. 18 U.S.C. §§,152, 1341, 1519, and 3571.					erty, or obta to \$250,00	aining (10, or ir	noney or property by fraud in nprisonment for up to 20 years,				
		. 4	X /	afaela s	Sandova	al, Debtor 1			X	ire of f	Debtor 2
			E	recuted		19/2018 / DD / YYYY	_		Execut	ed on	MM / DD / XXXX

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Rafaela Sandova	Case number (if known)
Fig. For you if you are filing this bankruptcy without an attorney f you are represented by an	The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.
attorney, you do not need to ile this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.
	You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or property claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.
<i>i</i>	If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.
	Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
	□ No ☑ Yes
	Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?
masterna area area esperante de la compansión de la compa	□ No ☑ Yes
	Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?
	 No ✓ Yes. Name of Person Daiva Indriuliene Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. X Robert Automatical X
	Rafaela Sandoval, Debtor 1 Signature of Debtor 2
	Date 06/19/2018 Date

(312) 590-2160

MM / DD / YYYY

Contact phone

Email address

Cell phone

Date

Contact phone

Email address

Cell phone

MM / DD / YYYY

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	Fill in this inf	ormation to	dentify your case:			
	Debtor 1	Rafaela		Sandoval		•
		First Name	Middle Name	Last Name		
1 -	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		
١,	Jnited States Bar	nkruptcy Court fo	or the: NORTHERN D I	STRICT OF ILLINOIS		
(Case number					
(if known)				7000	k if this is an ded filing
<u>Q</u>	fficial Form	106Sum				
S	ummary of	Your Asse	ets and Liabiliti	es and Certain Statis	tical Information	12/15
sc	rrect information hedules after yo	n. Fill out all of	your schedules first; t nal forms, you must fil	d people are filing together, bot then complete the information o Il out a new Summary and checi	n this form. If you are fili	ng amended
		38.3	, 5-2			V
						Your assets Value of what you own
1.		Property (Officia	•			
	1a. Copy line	55, Total real es	tate, from Schedule A/E	3		\$175,000.00
	1b. Copy line	62, Total person	al property, from Sched	ule A/B		\$2,167.00
	1c. Copy line	63, Total of all p	roperty on Schedule A/E	3	***************************************	\$177,167.00
Ρ	art 2: Sun	nmarize You	· Liabilities			
						Your liabilities Amount you owe
2.	Schedule D: Cr 2a. Copy the t	reditors Who Hav otal you listed in	e Claims Secured by P. Column A, Amount of c	roperty (Official Form 106D) laim, at the bottom of the last pag	e of Part 1 of Schedule D	\$163,395.00
3.	Schedule E/F: 6	Creditors Who Hotal claims from	ave <i>Unsecured Claims</i> Part 1 (priority unsecure	(Official Form 106E/F) ed claims) from line 6e of Schedul	e E/F	\$0.00
	3b. Copy the to	otal claims from	Part 2 (nonpriority unse	cured claims) from line 6j of Sche	dule E/F	+ \$80,669.56
					Your total liabilities	\$244,064.56
P	art 3: Sum	marize Your	Income and Expe	nses		
		ır Income (Officia				
				hedule I		\$3,042.69
•		ur Expenses (Of	ficial Form 106J)			\$2.000.00

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Debtor 1			Rafaela Sandoval Car	Case number (if known)			
) James	^o art	4:	Answer These Questions for Administrative and Statistical	Reco	rds		
6.	Ar		filing for bankruptcy under Chapters 7, 11, or 13? You have nothing to report on this part of the form. Check this box and subm	it this fo	orm to the court with you	ur other schedules.	
	Ø	Yes			·		
7.	Wh	at kir	nd of debt do you have?				
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit						
	لسة	this	form to the court with your other schedules.			nox and submit	
8.	Fro Offi	m the	e Statement of Your Current Monthly Income: Copy your total current month form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ly incom	ne from	\$4,377.00	
Э.	Coj	py the	e following special categories of claims from Part 4, line 6 of Schedule E/F	:			
					Total claim		
	Fro	m Pa	rt 4 on Schedule E/F, copy the following:				
	9a.	Don	nestic support obligations. (Copy line 6a.)		\$0.00	-	
	9b.	Taxe	es and certain other debts you owe the government. (Copy line 6b.)		\$0.00	-	
			ms for death or personal injury while you were intoxicated. (Copy line 6c.)		\$0.00	•	
			lent loans. (Copy line 6f.)		\$0.00	-	
	9e.	Oblig	gations arising out of a separation agreement or divorce that you did not report ity claims. (Copy line 6g.)	as	\$0.00	•	
	9f.		is to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ r	\$0.00	- 1	
	9g.	Tota	I. Add lines 9a through 9f.		\$0.00	.]	

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All the satisf		entify your case and this filing:		
Debtor 1	Rafaela			
DCDIO! 1	First Name	Sandoval Middle Name Last Name		
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name Last Name	-	
United States	Bankruptcy Court for the	ne: NORTHERN DISTRICT OF ILLINOIS		
Case number				
(if known)				ck if this is an nded filing
Official For	m 106A/B			
	A/B: Property			12/15
the asset in the filing together, sheet to this for	both are equally resp rm. On the top of any Describe Each Res	describe items. List an asset only once. If an think it fits best. Be as complete and accurate onsible for supplying correct information. If me additional pages, write your name and case nusidence, Building, Land, or Other Real	as possible. If two married pore space is needed, attach and the second of the second	people are a separate very question,
☐ No. G	in or have any legal or io to Part 2. Where is the property?	r equitable interest in any residence, building, l	and, or similar property?	
.1. 0335 Devons treet address, if av	hire Lane, railable, or other description		Do not deduct secured cla amount of any secured cla Creditors Who Have Clain	aims or exemptions. Put the aims on Schedule D: ns Secured by Property.
		Duplex or multi-unit building Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
lestchester ty	IL 60154 State ZIP Co		\$175,000.00	\$175,000.00
ounty		Investment property Timeshare Other	Describe the nature of you interest (such as fee sim entireties, or a life estate	ple, tenancy by the
1	_	Who has an interest in the property?	Primary Residence	,,
bedroom, 2 b bedroom, 2 b	eathroom eathroom bungalow	Chack and		
tyle	yî !	☑ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only	Check if this is community property (see instructions)	
		At least one of the debtors and another	er	
		Other information you wish to add about property identification number:	ut this item, such as local	
Add the doll	lar value of the portio	n you own for all of your entries from Part 1. in	cluding any	±475.000.00
	escribe Your Vehi	ed for Part 1. Write that number here	······································	\$175,000.00
Falls 2. De	escribe rour veni	cies		
o you own, leas ou own that some	se, or have legal or eq eone else drives. If yo	uitable interest in any vehicles, whether they a u lease a vehicle, also report it on Schedule G: Ex	re registered or not? Include ecutory Contracts and Unexpir	e any vehicles red Leases.
Cars, vans, t	trucks, tractors, sport	utility vehicles, motorcycles		
□ No ☑ Yes				

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De	ebtor 1 Rat	faela Sandoval	Cas	se number (if known)	
Me Ye Ar Ot	ake: odel: ear: oproximate mile ther information 196 Toyota 4F iles)	Runner (approx. 235000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Vs and other recreational vehicles, other veh	amount of any secured classifications Who Have Clair Current value of the entire property? \$500.00	
5.	Examples: E No Yes	3oats, trailers, motors, perse	onal watercraft, fishing vessels, snowmobiles, m	notorcycle accessories	
	entries for p	pages you have attached for	u own for all of your entries from Part 2, incluor Part 2. Write that number here		\$500.00
	you own or h	:	interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	☐ No ☑ Yes. De:	scribe General and or	rdinary household goods and furnishing		\$795.00
7.	Electronics Examples: To m	elevisions and radios; audio nusic collections; electronic	o, video, stereo, and digital equipment; compute devices including cell phones, cameras, media	rs, printers, scanners; players, games	
8.	Collectibles Examples: A	ntiques and figurines; painti amp, coin, or baseball card	ile phone ngs, prints, or other artwork; books, pictures, or collections; other collections, memorabilia, colle	other art objects; ectibles	\$450.00
9.	Equipment for Examples: Sp	or sports and hobbies	e, and other hobby equipment; bicycles, pool tal y tools; musical instruments	oles, golf clubs, skis;	
10.	☐ Yes. Des Firearms Examples: Pi		unition, and related equipment		The same of the sa
	Yes. Des	cribe			***************************************
11.	☐ No	reryday clothes, furs, leathe	r coats, designer wear, shoes, accessories		\$350.00
12.	Jeweiry Examples: Ev	eryday jewelry, costume jev ld, silver	velry, engagement rings, wedding rings, heirloon	n jewelry, watches, gems,	
	☑ No ☐ Yes. Desc	cribe			

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De	btor 1	Rafaela Sandoval Case number (if known)	
13.		rm animals es: Dogs, cats, birds, horses	
(A)		s. Describe	
14.	did not	ner personal and household items you did not already list, including any health aids you list	
		. Give specific rmation	
15.	Add the attache	dollar value of all of your entries from Part 3, including any entries for pages you have d for Part 3. Write the number here	\$1,595.00
Р	art 4:	Describe Your Financial Assets	
Do	you own	or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.		es: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	_	Cash:	\$17.00
17.		s of money s: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.	
	☐ No Yes.	Institution name:	
	17.	Checking account: Checking account # 779489269 CHASE Bank	\$55.00
18.		nutual funds, or publicly traded stocks s: Bond funds, investment accounts with brokerage firms, money market accounts	
	☑ No ☐ Yes.	Institution or issuer name:	
19.	Non-pub an intere	licly traded stock and interests in incorporated and unincorporated businesses, including set in an LLC, partnership, and joint venture	·
	infon	Give specific nation about	
20.	Governn Negotiab	name of entity: % of ownership: nent and corporate bonds and other negotiable and non-negotiable instruments le instruments include personal checks, cashiers' checks, promissory notes, and money orders. tiable instruments are those you cannot transfer to someone by signing or delivering them.	
	▼ No □ Yes. infor	Give specific nation about	
		nt or pension accounts Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
		List each unt separately. Type of account: Institution name:	

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De	btor 1	Rafaela Sandoval Case number of	(if known)	
22	Your st Examp	y deposits and prepayments are of all unused deposits you have made so that you may continue service or use from a ces: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommities, or others	company unications	
	☑ No			
23	-	Institution name or individual: es (A contract for a specific periodic payment of money to you, either for life or for a numb		
	☑ No		er or years)	
24		Issuer name and description:		
24.	26 U.S.	is in an education IRA, in an account in a qualified ABLE program, or under a qualified C. §§ $530(b)(1)$, $529A(b)$, and $529(b)(1)$.	d state tuition p	rogram.
	☑ No ☐ Yes	Institution name and description. Separately file the records of any into	oronto 4411C.) 6 E04(-)
25.		equitable or future interests in property (other than anything listed in line 1), and righ		. 9 521(C)
	powers	exercisable for your benefit	 0.	
	Mo No	. Give specific		
		mation about them		
26.	Patents Example	copyrights, trademarks, trade secrets, and other intellectual property; s: Internet domain names, websites, proceeds from royalties and licensing agreements		
	☑ No			
		. Give specific mation about them		
27.	License Example	s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, p	vrofessional licer	
	₩ No	o in the state of	Aciessional licei	ises
		Give specific mation about them		
Mo	ney or pr	pperty owed to you?		Current value of the
				portion you own? Do not deduct secured
				claims or exemptions.
28.	Tax refu	nds owed to you		
	⊘ No			
		Give specific information It them, including whether	Federal	
	you :	already filed the returns	State:	
	and	he tax years	Local:	
29.	Family s			
		s: Past due or lump sum alimony, spousal support, child support, maintenance, divorce set	tlement, property	settlement
	☑ No □ Yes.	Give specific information Alir		
	□	· · · · · · · · · · · · · · · · · · ·	nony:	
		Mai	intenance:	
		Sup	oport:	
		Div.	orce settlement:	
			perty settlement	
30.	Other an Example:	icunts someone owes you Lunpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, vacation pay, vacation, Social Security benefits; unpaid loans you made to someone else	workers'	
	V No			
	Yes.	Give specific information		

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Del	otor 1	Rafaela Sandoval			Case number (if kno	wn)	
31.	Example No Yes	. Name the insurance	life insurance; health savi	ngs account (HSA);	credit, homeowner's, or re	nter's insu	rance
		pany of each policy list its value	Company name:		Beneficiary:	;	Surrender or refund value:
32.	If you ar	erest in property that is e the beneficiary of a livi to receive property becau	due you from someone ng trust, expect proceeds use someone has died	who has died from a life insuranc	e policy, or are currently		
	☑ No ☐ Yes	. Give specific information	on				
33.	Claims : Example	against third parties, w	hether or not you have f ent disputes, insurance cla	iled a lawsuit or ma aims, or rights to sue	ade a demand for paymer	nt	
	☑ No ☐ Yes.	Describe each claim	***				
34.	Other co	ontingent and unliquida set off claims	ted claims of every natu	re, including count	terclaims of the debtor a	nd	
	M No Yes.	Describe each claim	••••				
35.	Any fina	ncial assets you did no	ot already list				
	M No Yes.	Give specific information	on				
36.	Add the	dollar value of all of yo I for Part 4. Write that r	ur entries from Part 4, ir	ncluding any entries	s for pages you have	•	\$72.00
l la Pa						l iet anv	real estate in Part 1.
37.			r equitable interest in ar				Total Country in the In-
	☑ No.	Go to Part 6. Go to line 38.		,	, proporty .		
		· ·					Current value of the portion you own?
		÷	¥				Do not deduct secured claims or exemptions.
38.		s receivable or commis	sions you already earne	ed			ŕ
	☑ No ☐ Yes.	Describe					
		uipment, furnishings, a Business-related com desks, chairs, electror	puters, software, modems	s, printers, copiers, fa	ax machines, rugs, telepho	nes,	
	☑ No ☐ Yes.	Describe					
10.	Machine:	y, fixtures, equipment,	supplies you use in bus	siness, and tools of	your trade		
	☑ No ☐ Yes.	Describe					
1.	inventory	,					
	☑ No □ Yes.	Describe					***************************************

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Det	otor 1	Rafaela Sandoval Case number (if	known)
42.	Interest	s in partnerships or joint ventures	
Andrew Street	₩ No	- III parameterispo di ponti vontares	
- A		. Describe Name of entity:	f ownership:
43.	Custom	er lists, mailing lists, or other compilations	
	₩ No		
	☐ Yes	Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101 No	(41A))?
		Yes. Describe	
44.	Any bus	iness-related property you did not already list	
	☑ No		
		Give specific information.	
45.	Add the attached	dollar value of all of your entries from Part 5, including any entries for pages you have I for Part 5. Write that number here	\$0.00
۲	art 6: L	Describe Any Farm- and Commercial Fishing-Related Property You Owl f you own or have an interest in farmland, list it in Part 1.	or Have an Interest In.
46.		own or have any legal or equitable interest in any farm- or commercial fishing-related p	roperty?
\$ {		Go to Part 7. Go to line 47.	
	L '03.	GO to line 47.	
			Current value of the
			portion you own? Do not deduct secured
47.	Farm an	imals	claims or exemptions.
		s: Livestock, poultry, farm-raised fish	
	✓ No ☐ Yes		
48.	Crops-e	ither growing or harvested	**************************************
	₩ No		
		Give specific nation	
49.		d fishing equipment, implements, machinery, fixtures, and tools of trade	
	I ⊘I No	g -qp	
14	Yes		
50.	Farm and	fishing supplies, chemicals, and feed	
	☑ No		
	☐ Yes		
51.	Any farm	- and commercial fishing-related property you did not already list	
	Ø No	Citya epocific	
		Give specific nation	**************************************
52.	Add the c	tollar value of all of your entries from Part 6, including any entries for pages you have	
	attached	for Part 6. Write that number here	→\$0.00

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Del	btor 1	Rafaela Sandoval	Case n	umber (if known)	
P	art 7:	Describe All Property You Own or Have an In	iterest in That You	Did Not List Above	9
53.		have other property of any kind you did not already lises: Season tickets, country club membership	1?		
	☑ No ☐ Yes	:. Give specific information.			
54.	Add the	dollar value of all of your entries from Part 7. Write th	at number here	***************************************	\$0.00
Р	art 8:	List the Totals of Each Part of this Form			
55.	Part 1:	Total real estate, line 2	***************************************	+	\$175,000.00
56.	Part 2:	Total vehicles, line 5	\$500.00		
57.	Part 3:	Total personal and household items, line 15	\$1,595.00		
58.	Part 4:	Total financial assets, line 36	\$72.00		
59.	Part 5: 1	Total business-related property, line 45	\$0.00		
60.	Part 6: 1	Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: 1	Fotal other property not listed, line 54	\$0.00		
62.	Total pe	ersonal property. Add lines 56 through 61	\$2,167.00	Copy personal property total	+\$2,167.00
63.	Total of	all property on Schedule A/B. Add line 55 + line 62			\$177,167.00

\$ 1

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Fill in this infor		uiy your		desirable.	AND STATE OF THE S					
	afaela ◆ st Name	Middle Nam	Sandov e Last Name		···					
Debtor 2 (Spouse, if filing) Fig	nt Noma	Middle Nam								
• • • •			e Last Name RN DISTRICT OF		NOIS					
	upicy Count for the.	HUNITIL	RN DISTRICT OF	ILLII	103			Check if the amended to		
Case number (if known)								amended	aling	
Official Form 1	06C									
Schedule C: T		You C	aim as Exem	pt						04/1
Be as complete and a Using the property you space is needed, fill or write your name and c	listed on Schedul ut and attach to this	<i>e A/B: Prop</i> s page as n	erty (Official Form 10)6A/B) as your sour	ce, list th	e property	hat you clai	m as exemp	t. If more
For each item of propsitions to state a specific exempted up to the a eceive certain benefixemption of 100% operaty is determine	dollar amount as on mount of any app its, and tax-exemy f fair market value	exempt. Al licable stat pt retireme under a la	ternatively, you may tutory limit. Some e nt funds—may be un w that limits the exc	y clai xemp limite empti	m the full fair otions—such a ed in dollar ar ion to a partic	market of the ma	value of th for health lowever, it ar amount	e property l aids, rights you claim and the vai	oeing to an	
			im as Exempt							
. Which set of exe	mptions are you o	claiming?	Check one only,	even	if vour spouse	e is filina	with you			
			kruptcy exemptions.			•	, ,			
You are clair	ning federal exemp	otions. 11 t	J.S.C. § 522(b)(2)							
. For any property	you list on Sched	dule A/B th	at you claim as exe	mpt,	fill in the info	rmation I	below.			
rief description of the chedule A/B that list		ne on	Current value of the portion you own		ount of the emption you c	laim	Specific	laws that a	llow exemp	tion
			Copy the value from Schedule A/B		eck only one b h exemption	ox for				
rief description:			\$175,000.00	M	\$165,000	0.00				
bedroom, 2 bathr					100% of fair	market				
bedroom, 2 bathroine from Schedule A/L	· -	style	-		value, up to a applicable st	-				
	2. 118		\$		limit	alalony				
rief description:			\$500.00	Ø	\$500.0	00				
996 Toyota 4Runn	er (approx. 2350	000			100% of fair					
niles) ine from Schedule A/L	3: <u>3.1</u>				value, up to a applicable station to a limit	-				
rief description:			#70F AA							
ieneral and ordina	ry household go	ods and	\$795.00		\$795.0 100% of fair					
ımishing				<u></u>	value, up to a	any				
ne from Schedule A/E	3: <u>6</u>				applicable sta limit	atutory				
			more than \$160,3757 ears after that for cas		ed on or after	the date	of adjustme	ent.)		
No No		_ 5.5., 5 }	arior area for Gas	.00 140	os on or area	are unic i	o enjuguit)		
نيتا	acquire the proper	rty covered	by the exemption with	hin 1,	215 days befo	re you file	ed this cas	e?		

Yes

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Debtor 1 Rafaela Sandoval		Case number	r (if known)
Page 2: Additional Page			
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Loptop, 2 mobile phone Line from Schedule A/B: 7	\$450.00	\$450.00 100% of fair market value, up to any applicable statutory limit	
Brief description: Necessary wearing apparel Line from Schedule A/B:11	\$350.00	\$350.00 100% of fair market value, up to any applicable statutory limit	
Brief description: USD Line from Schedule A/B: 16	\$17.00	\$17.00 100% of fair market value, up to any applicable statutory limit	

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Rafaela Sandoval

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: State

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$175,000.00	\$163,395.00	\$11,605.00	\$165,000.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$500.00	\$500.00	\$0.00	\$500.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$795.00	\$795.00	\$0.00	\$795.00	\$0.00
7.	Electronics	\$450.00	\$450.00	\$0.00	\$450.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$350.00	\$350.00	\$0.00	\$350.00	\$0.00
12.	Jewelry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household items- incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$17.00	\$17.00	\$0.00	\$17.00	\$0.00
17.	Deposits of money	\$55.00	\$55.00	\$0.00	\$0.00	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Rafaela Sandoval

1

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

TOTALS:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: State

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	 A control of the properties of the control of the con	otal Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops-either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$165,562.00

\$11,605.00

\$167,112.00

\$0.00

\$177,167.00

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Rafaela Sandoval

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
Real Property (None)			WRONIA A V
Personal Property (None)			
TOTALS:	\$0.00	\$0.00	\$0.00
Non-Exempt Property by Item: The following property, or a portion thereof, is non-exempt.			
Property Description Market Value	Lien	Equity Non-Exe	empt Amount
Real Property None)			
Personal Property None)		a.	
TOTALS: \$0.00	\$0.00	\$0.00	\$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$177,167.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$177,167.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$165,562.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$165,562.00
G. Total Equity (not including surrendered property) / (A-D)	\$11,605.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$11,605.00
J. Total Exemptions Claimed	\$167,112.00
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

Fill in this info	ormation to identif	y your case:				
Debtor 1	Rafaela		Sandoval			
Debtor 2	First Name M	iddle Name	Last Name			
(Spouse, if filing)	First Name M	iddle Name	Last Name			
United States Bar	kruptcy Court for the: N	ORTHERN DIST	RICT OF ILLINO	<u>IS</u>		
Case number (if known)	:				Check if this i	
Official Form	106D					·
Schedule D:	Creditors Who	Have Claim	s Secured b	y Property		12/15
on the top of any a 1. Do any credite No. Check	d accurate as possible n. If more space is nee additional pages, write ors have claims secure ck this box and submit the in all of the information to	eded, copy the Add your name and ca ed by your propert is form to the court	ditional Page, fill it ase number (if kno by?	out, number the entr wn).	ies, and attach it to thi	is form.
Part 1: List	All Secured Claim	ıs				
claim, list the concreditor has a processing creditor's name	ed claims. If a creditor in the creditor separately for each particular claim, list the coole, list the claims in alpose.	ch claim. If more to other creditors in Pa	han one art 2. As cording to the	Column A Amount of claim Do not deduct the value of collateral	Column 8 Value of colleters! that supports this claim	Column C Unsecuted portion if any
CHASE MODICA	· ·	secures the clair	•	\$163,395.00	\$175,000.00	
CHASE MORTGA Creditor's name P.O. BOX 78116 Number Street	·	2 bedroom, 2 b	eathroom			
PHOENIX City Who owes the debt Debtor 1 only Debtor 2 only Debtor 1 and De At least one of ti Check if this cl	ebtor 2 only he debtors and another aim relates	Contingent Unliquidated Disputed Nature of lien. C An agreemen Statutory lien Judgment lier	Check all that apply. It you made (such a (such as tax lien, m In from a lawsuit ng a right to offset)	: Check all that apply. s mortgage or secured echanic's lien)	car loan)	
Date debt was incu	rred <u>03/2010</u>	Last 4 digits of a	ccount number	8 3 6 5		
Add the dollar value	e of your entries in Col	umn A on this pa	ge. Write [\$163,395.00]	

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$163,395.00

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		ja ja karangan karangan ja			
Fill in this info	ormation to ide	ntify you r c	ase:		
Debtor 1	Rafaela		Sandoval		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
	kruptcy Court for th	e: NORTHER	N DISTRICT OF ILLINOIS		
Case number (if known)				☐ Check if this	is an
(II KIIOWI)				amended filin	ıg
Official Form	106E/F				
Schedule E/	F: Creditors	Who Have	Unsecured Claims		12/15
on Schedule A/B: Do not include any If more space is no to this page. On th	Property (Official F creditors with pare eeded, copy the Pa	orm 106A/B) a tially secured rt you need, fi onal pages, w	and on Schedule G: Executory Coi claims that are listed in Schedule Il it out, number the entries in the rite your name and case number (d result in a claim. Also list execut ntracts and Unexpired Leases (Offic D: Creditors Who Hold Claims Sec boxes on the left. Attach the Conti if known).	cial Form 106G). cured by Property.
1. Do any credito	ors have priority u	secured clair	ns against you?		
No. Go to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o agamet your		
Yes.					
claim. For eac show both prior more space is	th claim listed, ident rity and nonpriority a	ify what type of amounts. As m insecured clain	claim it is. If a claim has both priori uch as possible, list the claims in al	nsecured claim, list the creditor separ ty and nonpriority amounts, list that cl phabetical order according to the cred Part 1. If more than one creditor holds	aim here and litor's name. If
(For an explana	ation of each type o	f claim, see the	instructions for this form in the instr	uction booklet.	
	# 42 - £			Total claim Priority amount	Manpriority amount
2.1					
			Last 4 digits of account number		
Priority Creditor's Name	: 1				
Number Street			When was the debt incurred?		
			As of the date you file, the claim i Contingent Unliquidated	s: Check all that apply.	
City	State ZIP	Code	Disputed		
Who incurred the d	lebt? Check one.		Type of PRIORITY unsecured clai	m:	
Debtor 1 only Debtor 2 only			Domestic support obligations		
Debtor 2 only Debtor 1 and De	ebtor 2 only		Taxes and certain other debts y Claims for death or personal inj		
At least one of the	he debtors and ano		intoxicated	ary wine you were	
Check if this cl		ınity debt	Other. Specify		
l s the claim subjec t □ No □ Yes	t to offset?				

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Rafaela Sandoval	Case number (if known)
Part 2: List All of Your NONPRIOR	RITY Unsecured Claims
3. Do any creditors have nonpriority unsecu	red claims against you?
- No Vondenno addinate anno din strin	part. Submit this form to the court with your other schedules.
Yes	Sait. Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority utype of claim it is. Do not list claims already	ims in the alphabetical order of the creditor who holds each claim. nsecured claim, list the creditor separately for each claim. For each claim listed, identify what included in Part 1. If more than one creditor holds a particular claim, list the other creditors in rity unsecured claims, fill out the Continuation Page of Part 2.
	Total claim
4.1	\$293.00
AIR CONCEPTS	Last 4 digits of account number 9 6 9 7
Nonpriority Creditor's Name 2320 DEAN ST.,	When was the debt incurred? 10/2011
Number Street	As of the date you file, the claim is: Check all that apply.
	Contingent
	Unliquidated
SAINT CHARLES IL 60175	Disputed
City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one. Debtor 1 only	Student loans
Debtor 1 only Debtor 2 only	Obligations ansing out of a separation agreement or divorce
Debtor 1 and Debtor 2 only	that you did not report as priority claims
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
Check if this claim is for a community deb	
Is the claim subject to offset?	
☑ No	
Yes	
4.2	\$2,019.00
ALLIED INTERSTATE	Last 4 digits of account number 0 8 9 1
Nonpriority Creditor's Name	When was the debt incurred? 07/2015
P. O. BOX 361445 Number Street	As of the date you file, the claim is: Check all that apply.
	Contingent
	Unliquidated
COLUMBUS OH 43236	Disputed
City State ZIP Code	Type of NONPRIORITY unsecured claim:
Who incurred the debt? Check one.	Student loans
Debtor 1 only	Obligations arising out of a separation agreement or divorce
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts
Check if this claim is for a community debt	Other. Specify Collecting for SYANDONY BANK
Is the claim subject to offset?	Collecting for - SYNHRONY BANK
No	
Yes	

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Debtor 1 Rafaela Sandoval	Case number (if known)	***************************************
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$6.200.00
American Express	Last 4 digits of account number 7 4 7 2	40,200.00
Nonpriority Creditor's Name	When was the debt incurred? 06/2002	
P.O. BOX 7871 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
4	Unliquidated Disputed	
Fort Lauderdale FL 33329		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Credit Card	
Is the claim subject to offset?	0.70,000,0	
☑ No		
Yes		. 4
4.4		\$2,304,00
Blatt, Hasenmiller, Leibsker & Moore LLC	Last 4 digits of account number 4 8 3 1	
Nonpriority Creditor's Name 10 S LA SALLE ST., # 2200	When was the debt incurred? 03/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
CHICAGO IL 60603-1069 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Collecting for - MIDLAND FUNDING	
Is the claim subject to offset?		
⊠ No.		
Yes		
4.5		\$750.00
CAPITAL ONE BANK USA NA	Last 4 digits of account number 0 9 9 5	4-04
Nonpriority Creditor's Name PO BOX 6492	When was the debt incurred? 02/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	Disputed	
CAROL STREAM IL 60197-6492 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No ☐ Yes		
·		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.		Total glaim
CAVALRY PORTAFOLIO SERVICES	Last 4 digits of account number 2 4 8 3	\$3,572.00
Nonpriority Creditor's Name	When was the debt incurred? 02/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unfiquidated	
Phoenix AZ 85040	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations ansing out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt is the claim subject to offset?	Collecting for - SYNCHRONY BANK	
No No		
Yes		
4.7		
<u> </u>		\$120.00
CB/ASTEWRT Nonpriority Creditor's Name	Last 4 digits of account number 0 2 3 5	
P.O. BOX 182273	When was the debt incurred? 05/2005	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
NORTHGLENN CO 80233	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ Yes		
4.8		\$1,811.98
CB/CARSONS	Last 4 digits of account number 1 6 1 5	*****
Nonpriority Creditor's Name PO BOX 33066	When was the debt incurred? 09/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
NORTHGLENN CO 80233 City State ZIP Code	-	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	÷
Debtor 1 only	Student loans Obligations arising out of a constation agreement and the second	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
₩ No		
Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	· · · · · · · · · · · · · · · · · · ·
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total plain
4.6		\$3,572.00
CAVALRY PORTAFOLIO SERVICES Nonpriority Creditor's Name	Last 4 digits of account number 2 4 8 3	
4050 E Cotton Center Blv	When was the debt incurred? 02/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
Discourse	Disputed	
Phoenix AZ 85040 City State ZiP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other, Specify	
Is the claim subject to offset?	Collecting for - SYNCHRONY BANK	
☑ No		
Yes		
4.7		
CB/ASTEWRT	Look & diction of an array of	\$120.00
Nonpriority Creditor's Name	Last 4 digits of account number 0 2 3 5 When was the debt incurred? 05/2005	
P.O. BOX 182273 Number Street		
	As of the date you file, the claim is: Check all that apply. ☐ Contingent	
	Unliquidated	
NORTHGLENN CO 80233	☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.8		\$1,811.98
CB/CARSONS	Last 4 digits of account number 1 6 1 5	
Nonpriority Creditor's Name PO BOX 33066	When was the debt incurred? 09/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
NORTHGLENN CO 80233	_ Cisputed	
City. State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? No		
Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsect	ured Claims Continuation Page	
After listing any entries on this page, number th previous page.	em sequentially from the	WTotal claim
CAVALRY PORTAFOLIO SERVICES	i act A digite of account number on A on a	\$3,572.00
Nonpriority Creditor's Name	Last 4 digits of account number 2 4 8 3 When was the debt incurred? 02/2017	
4050 E Cotton Center Blv Number Street		
- Circle	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Phoenix AZ 85040	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Collecting for - SYNCHRONY BANK	
₩ No		
T Yes		
[
4.7	•	\$120.00
CB/ASTEWRT	Last 4 digits of account number 0 2 3 5	4120:00
Nonpriority Creditor's Name P.O. BOX 182273	When was the debt incurred? 05/2005	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
NORTHGLENN CO 80233	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
No Variable Control of the Control o		
Yes		
4.8		
CB/CARSONS	1.7.4.6.4.	\$1,811.98
Nonpriority Creditor's Name	Last 4 digits of account number 1 6 1 5	
PO BOX 33066	When was the debt incurred? 09/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
NORTHGLENN CO 80233		
ofty State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
s the claim subject to offset?		
☑ No ☑ Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any entries on this page, number th previous page.	em sequentially from the	Total claim
4.9		\$# £ 0.00
CB/LNBRYNT	Last 4 digits of account number 1 9 3 2	\$550.00
Nonpriority Creditor's Name	Last 4 digits of account number 1 9 3 2 When was the debt incurred? 08/2000	
P.O. BOX 182273 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Sueet	Contingent	
-	Unliquidated	
COLUMNIC OF 42240	Disputed	
COLUMBUS OH 43218 City State ZIP Code	Tune of MONDBIODITY average and a believe	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
<u></u>	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.10		\$228.00
CB/LNBRYNT	Last 4 digits of account number 7 0 3 5	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 08/2000	
P.O. BOX 182121 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
COLUMBIA	Disputed	
COLUMBUS OH 43218 City State ZIP Code	Town of MONROLOGITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?	<u> </u>	
☑ No ☐ Yes		
<u> </u>		
4.11		\$100.00
CB/VICSCRT	Last 4 digits of account number 1 1 1 7	\$100.00
Nonpriority Creditor's Name	When was the debt incurred? 02/1997	
PO BOX 182128 Number Street		
Sileet	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
COLUMBINE	Disputed	
COLUMBUS OH 43218 City State ZIP Code	Town of MONDBIODITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
; ; · ~~		

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Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any entries on this page, number th	em sequentially from the	Total claim
previous page.		1 SACH CHAILE
4.12		\$3,000.00
CBNA Nonpriority Creditor's Name	Last 4 digits of account number 2 9 0 1	
701 EAST 60TH STREET	When was the debt incurred? 03/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	Disputed	
SIOUX FALLS SD 57104 City State ZIP Code	Turn of NONEDIODITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
⊠ No		
Yes		
4.13		\$ 2.400.00
CBNA	Last 4 digits of account number 1 2 3 6	\$3,100.00
Nonpriority Creditor's Name	When was the debt incurred? 11/2003	
13200 SMITH RD Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
CLEVELAND OH 44130	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? No		
Yes		
4.14		\$700.00
Chase Bank Nonpriority Creditor's Name	Last 4 digits of account number 7 5 8 8	
201 N Walnut Street	When was the debt incurred? 02/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Disputed	
Wilmington DE 19801 City State ZIP Code	Type of NONDDIODITY arrespond of the	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Credit Card	
Is the claim subject to offset?	,	
☑ No □ Yes		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsec	ured Claims Continuation Page	
After listing any entries on this page, number the previous page.	nem sequentially from the	Total claim
4.15		\$3,300.00
Chase Bank	Last 4 digits of account number 1 6 9 8	40,000.00
Nonpriority Creditor's Name Cardmember Service	When was the debt incurred? 10/2000	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 15153	Contingent	
Wilmington DE 19886.5153	Unliquidated Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No ☐ Yes		
4.16		\$5,216.00
Chase Bank	Last 4 digits of account number 8 3 1 6	
Nonpriority Creditor's Name 201 N Walnut Street	When was the debt incurred? 07/2008	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Wilmington DE 19801		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
☑ No		
Yes		
4.17		\$668.00
Chase Bank	Last 4 digits of account number 7 0 3 6	
Nonpriority Creditor's Name 201 N Walnut Street	When was the debt incurred? 03/2008	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Wilmington DE 19801	——————————————————————————————————————	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
No		
Yes	•	

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Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the	em sequentially from the	
previous page.		Total claim
4.18	•	\$668.00
Chase Bank	Last 4 digits of account number 7 0 3 6	4000.00
Nonpriority Creditor's Name 201 N Walnut Street	When was the debt incurred? 03/2008	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Wilmington DE 19801 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	☑ Other. Specify Credit Card	
Is the claim subject to offset?	Orecuit Card	
☑ No		
Yes		
4.19		***
CHOICE RECOVERY	Last 4 digits of account number 5 5 5 4	\$289.00
Nonpriority Creditor's Name	Last 4 digits of account number 5 5 5 4 When was the debt incurred? 06/2013	
1550 OLD HENDERSON RD ST Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
-	Unliquidated	
COLUMBUS OH 43220	□ Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Collecting for - MEDICAL	
No		
Yes		
4.20		*
CITI	A same a si	\$8,700.00
Nonpriority Creditor's Name	Last 4 digits of account number 7 8 7 8	
PO BOX 6500 Number Street	When was the debt incurred? 02/1997	
Adminer Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
SIOUX FALLS SD 57117	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
s the claim subject to offset? ☑ No		
VI No □ Yes		

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Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.21		
COMENITY BANK	Last 4 digits of account number 1 8 5 3	\$250.00
Nonpriority Creditor's Name	Last 4 digits of account number 1 8 5 3 When was the debt incurred? 09/2016	
PO BOX 182124 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
COLUMBUS OH 43218-2124	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
No No		
Yes		
4.22		
	Lord A. B. W. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	\$169.00
DRS GIRGIS & ASSOCIATES Nonpriority Creditor's Name	Last 4 digits of account number 8 3 5 3	
908 N ELM STREET., SUITE 306 Number Street	When was the debt incurred? 06/2017	
Suest	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
HINSDALE IL 60521-3625	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other, Specify	
Check if this claim is for a community debt	MEDICAL	
Is the claim subject to offset? ☑ No		
Yes		
4.23		
		\$176.00
DUPAGE MEDICAL GROUP Nonpriority Creditor's Name	Last 4 digits of account number 2 9 8 2	
15921 COLLECTION CENTER DR.,	When was the debt incurred? 12/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
CHICAGO IL 60693	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	MEDICAL	
s the claim subject to offset?		
☑ No □ Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.24		* 00.00
DUPAGE MEDICAL GROUP	Last 4 digits of account number 5 2 9 6	\$98.00
Nonpriority Creditor's Name	When was the debt incurred? 10/2014	
15921 COLLECTION CENTER DR., Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	-
	Unliquidated	
CHICAGO IL 60693	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	MEDICAL	
₩ No		
Yes		
4.25		\$111.00
JOSEPH, MANN & CREED	Last 4 digits of account number 9 5 6 5	
Nonpriority Creditor's Name 8948 CANYON FALLS BLVD., # 200	When was the debt incurred? 12/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
TWINSBURG OH 44087	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check if this claim is for a community debt	Other. Specify Collecting for -	
is the claim subject to offset?		
☑ No		
Yes		
4.26		
		\$200.00
LANEBRYANT RETAIL Nonpriority Creditor's Name	_ Last 4 digits of account number 1 9 3 2	
450 WINKS LANE	When was the debt incurred? 08/2000	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
BENSALEM PA 19020	tand '	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
ls the claim subject to offset?		
₩ No		
Yes		

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Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.27		£4 000 00
MACNEAL HEALTH NETWORK	Last 4 digits of account number 1 7 1 8	\$1,222.28
Nonpriority Creditor's Name 2384 PAYSPHERE CIRCLE	When was the debt incurred? 03/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
CHICAGO IL 60674-0023 City State ZIP Code	Towns of MONDOINDING	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	MEDICAL	
Is the claim subject to offset?		
No Yes		
4.28		\$397.60
MACNEAL HEALTH NETWORK Nonpriority Creditor's Name	Last 4 digits of account number 7 1 8 9	
2384 PAYSPHERE CIRCLE	When was the debt incurred? 03/2017	
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
CHICAGO IL 60674-0023	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	MEDICAL	
☑ No	`	
☐ Yes		
4.29		•••
Merchants' Credit Guide Co.	Last 4 digits of account number 0 5 5 7	\$118.00
Nonpriority Creditor's Name	When was the debt incurred? 01/2014	
223 West Jackson Blvd, #400 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated Disputed	
Chicago IL 60606 City State ZIP Code	- Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Collecting for - MEDICAL	
Is the claim subject to offset?		
No Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsec	cured Claims Continuation Page	
After listing any entries on this page, number t	them sequentially from the	
previous page.	· · ·	Total claim
4.30		\$58.00
Merchants' Credit Guide Co.	Last 4 digits of account number 0 5 5 6	\$30.00
Nonpriority Creditor's Name 223 West Jackson Blvd, #400	When was the debt incurred? 01/2014	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Chicago IL 60606 City State ZIP Code	transfer	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations agising out of a goneration government as discussed	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
is the claim subject to offset?	Collecting for - MEDICAL	
☑ No		
Yes		
4.31		
Merchants' Credit Guide Co.	A made of all-lates on the control of the control o	\$58.00
Nonpriority Creditor's Name	Last 4 digits of account number 0 6 3 7	
223 West Jackson Blvd, #400 Number Street	When was the debt incurred? 10/2014	, v*
- Succession - Suc	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Chicago IL 60606	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for - MEDICAL	
is the claim subject to offset?		
₩ No Yes		
4.32		\$2,303.00
Midland Credit Mgmt Nonpriority Creditor's Name	Last 4 digits of account number 6 1 0 4	
8875 AERO DR., SUITE 200	When was the debt incurred? 10/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	•
Can Diana	Disputed	
San Diego CA 92123 City State ZIP Code	Type of NONDRODITY appropriately	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Collecting for -	
ls the claim subject to offset?	- Avecania ios -	
No No		
Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any entries on this page, number the		
previous page.	•	Total claim
4.33		\$5,217.00
MRS ASSOCIATES OF NEW JERSEY Nonpriority Creditor's Name	Last 4 digits of account number 7 9 5 5	<u></u>
1930 OLNEY AVE	When was the debt incurred? 08/2016	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
CHERRY HILL NJ 08003	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	☑ Other. Specify Collecting for - CHASE	
Is the claim subject to offset?	0.000	
✓ No ☐ Yes		
4.34		\$669.00
MRS ASSOCIATES OF NEW JERSEY Nonpriority Creditor's Name	Last 4 digits of account number 0 6 0 2	
1930 OLNEY AVE	When was the debt incurred? 08/2016	
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
CHERRY HILL NJ 08003	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	 Debts to pension or profit-sharing plans, and other similar debts 	
Check if this claim is for a community debt	Other. Specify Collecting for - CHASE	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.35		\$5,217.00
NATIONWIDE CREDIT, INC Nonpriority Creditor's Name	Last 4 digits of account number 8 4 1 4	
P.O. BOX 14581 Number Street	When was the debt incurred? 06/2017	
Guest Suest	As of the date you file, the claim is: Check all that apply. [] Contingent	
	Unliquidated	
DES MOINES IA 50306-3581	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Collecting for - CHASE	
s the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total cialm
4.36		\$669.00
NATIONWIDE CREDIT, INC	Last 4 digits of account number 8 3 0 7	Ψοοσ.σο
Nonpriority Creditor's Name P.O. BOX 14581	When was the debt incurred? 06/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
:	☐ Unliquidated ☐ Disputed	
DES MOINES IA 50306-3581		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	•
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Collecting for - CHASE	
☑ No		
Yes		
4.37		
		\$3,572.00
NCC BUSINESS SERVICES INC Nonpriority Creditor's Name	Last 4 digits of account number 0 9 5 5	
9428 BAYMEADOWS RD SUITE 200	When was the debt incurred? 08/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
JACKSONVILLE FL 32256	Disputed	
JACKSONVILLE FL 32256 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for - SYNCHRONY BANK	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		
4.38		£400.00
Nordstrom	Last 4 digits of account number 3 4 4 7	\$400.00
Nonpriority Creditor's Name	When was the debt incurred? 06/2005	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Seattle WA 98111	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Credit Card	
is the claim subject to offset? No		
Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsec	ured Claims Continuation Page	
After listing any entries on this page, number th	em sequentially from the	
previous page.		Total claim
4.39		\$2,305.00
NORTHLAND GROUP	Last 4 digits of account number 9 4 9 9	
Nonpriority Creditor's Name P.O. BOX 390905	When was the debt incurred? 08/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
	Disputed	
MINNEAPOLIS MN 55439 City State ZIP Code	Town of MANDRIADITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Collecting for - SYCHRONY BANK	
Is the claim subject to offset?	Consuming for Crothtott BARK	
☑ No		
Yes		
4.40		*400.00
Portfolio Recovery Associates, LLC	Last 4 digits of account number 6 5 5 4	\$420.00
Nonpriority Creditor's Name 120 Corporate Blvd Ste 1	When was the debt incurred? 10/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Norfolk VA 23502	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Collecting for - SYNCHRONY BANK	
☑ No		
Yes		
4.41		
Portfolio SYNCH		\$417.00
Nonpriority Creditor's Name	Last 4 digits of account number 6 5 5 4	
120 Corporate Blvd, #100 Number Street	When was the debt incurred? 02/2016	
Number Sireet	As of the date you file, the claim is: Check all that apply. ☐ Contingent	
	Unliquidated	
Norfolk VA 23502	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
s the claim subject to offset?		
☑ No □ Yes		

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the	m sequentially from the	
previous page.		Total claim
4.42		\$5.68
RUSH UNIVERSITY MEDICAL CENTER	Last 4 digits of account number 9 5 1 2	
Nonpriority Creditor's Name P. O. BOX 4075	When was the debt incurred? 04/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
CAROL CATOCALE III COACT ACTO	Disputed	
CAROL SATREAM IL 60197-4075 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	MEDICAL	
Is the claim subject to offset?		
☑ No ☐ Yes		
 1		
4.43		\$20.00
RUSH UNIVERSITY MEDICAL GROUP	Last 4 digits of account number 9 5 1 2	
Nonpriority Creditor's Name 75 REMITTAGE DR., DEPT 1611	When was the debt incurred? 11/2015	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
CHICAGO	Disputed	
CHICAGO IL 60675-1611 City State ZIP Code	Town of MONDMODITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	MEDICAL	
Is the claim subject to offset?		
Ø No ☐ Yes		
4.44		\$190.00
SYCHRONY BANK/TJX	Last 4 digits of account number 6 5 5 4	
Nonpriority Creditor's Name 4125 WINDWARD PLAZA	When was the debt incurred? 12/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
	□ Contingent □ Unliquidated	
	Unliquidated Disputed	
ALPHARETTA GA 30005 City State ZIP Code	•	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Credit Card	
s the claim subject to offset?	•	
☑ No □ Yes		
L 100		

Debtor 1	Rafaela Sandoval	Case number (if known)	
Part 2:	Your NONPRIORITY Unsec	ured Claims Continuation Page	
After listin	g any entries on this page, number th	em sequentially from the	NA. 200-200-200-200-200-200-200-200-200-200
previous p			Total claim
4.45			\$650.00
	DNY BANK	Last 4 digits of account number 0 0 3 2	4000.00
Nonpriority C P.O. BOX	reditor's Name 103065	When was the debt incurred? 04/2004	
Number	Street	As of the date you file, the claim is: Check all that apply.	
	\$ 2	Contingent	
		Unliquidated Disputed	
ROSWELI City	L GA 30076 State ZIP Code		
•	red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor	•	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	2 only 1 and Debtor 2 only	that you did not report as priority claims	
البسبا	t one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check	if this claim is for a community debt	☑ Other. Specify Credit Card	
	subject to offset?	Orean Cara	
₩ No			
Yes		:	
4.46			****
SYNCHRO	ONY BANK	Last 4 digits of account number 7 7 8 3	\$900.00
Nonpriority Cr P.O. BOX	editor's Name	When was the debt incurred? 04/2004	
***************************************	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated Disputed	
SHAWNEE City	MISSION KS 66201	••••••••••••••••••••••••••••••••••••••	
•	State ZIP Code ed the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor	•	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2	2 only 1 and Debtor 2 only	that you did not report as priority claims	
	one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	f this claim is for a community debt	☑ Other. Specify Credit Card	
	subject to offset?	Credit Card	
☑ No	•		
☐ Yes			
4.47			
SYNCHRO	NY BANK	Last 4 digits of account number 7 7 8 3	\$900.00
Nonpriority Cre	editor's Name	When was the debt incurred? 05/2003	
P.O. BOX 1 Number 5	103065 Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated	
ROSWELL	GA 30076	Disputed	
City Who incurre	State ZIP Code ed the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1		Student loans Obligations origins out of a paper time and the students	
Debtor 2	only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	and Debtor 2 only one of the debtors and another	 Debts to pension or profit-sharing plans, and other similar debts 	
	this claim is for a community debt	Other. Specify	
	subject to offset?	Credit Card	
No No			
Yes			

Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any entries on this page, number th previous page.	em sequentially from the	Total cleim
4.48		\$2,399.00
SYNCHRONY BANK	Last 4 digits of account number 1 0 0 1	\$2,399.00
Nonpriority Creditor's Name	When was the debt incurred? 06/2007	
P.O. BOX 981439 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
EL PASO TX 79998	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.49		\$1,750.00
SYNCHRONY BANK	Last 4 digits of account number 1 3 2 4	
Nonpriority Creditor's Name P.O. BOX 981400	When was the debt incurred? 04/2003	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
EL PASO TX 79998 City State ZIP Code	——————————————————————————————————————	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Credit Card	
₩ No		
Yes		
4,50		
Target National Bank	Lond Addings - Farmer of the control	\$6,200.00
Nonpriority Creditor's Name	Last 4 digits of account number 8 1 9 1	
Mailstop 2bd Number Street	When was the debt incurred? 06/2002	
Street	As of the date you file, the claim is: Check all that apply. ☐ Contingent	
	Unliquidated	
Minneapolis MN 55440	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
s the claim subject to offset?		
☑ No ☐ Yes		
1 199		

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Debtor 1 Rafaela Sandoval	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page. 4.51 Target National Bank Nonprority Creditor's Name PO Box 59317 Number Street	Last 4 digits of account number 4 1 5 1 When was the debt incurred? 07/2007 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	Total claim \$1,281.00
Minneapolis City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	

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Debtor 1	Rafaela	Sandoval	Case number (if known)			
Part 4:	Add t	he Amounts for Each Type of Unsecured Claim				
		ets of certain types of unsecured claims. This information is for Add the amounts for each type of unsecured claim.	r statistical report	ing purposes only.		
				Total claim		
Total claims	6a.	Domestic support obligations	6a.	\$0.00		
,	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00		
	6c.	Claims for death or personal injury while you were intoxicated	d 6c.	\$0.00		
	6d.	Other. Add all other priority unsecured claims. Write that amount	nt here. 6d. 👍	\$0.00		
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00		
				Total claim		
Total claims from Part 2	6f.	Student loans	6f.	\$0.00		
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00		
	6ħ.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00		
	6i.	Other. Add all other nonpriority unsecured claims. Write that am	ount here. 6i. 🛨	\$80,669.56		
	6j.	Total. Add lines 6f through 6i.	6j.	\$80,669.56		

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Fill in this	information to i	identify your case			
Debtor 1	Rafaela		Sandoval	7	
	First Name	Middle Name	Last Name	•	
Debtor 2					
(Spouse, if fil	ing) First Name	Middle Name	Last Name	'	
		or the: NORTHERN D	ISTRICT OF ILLINOIS	-	
Case number (if known)]
				j	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this in	formation to	identify your case	:	
Debtor 1	Rafaela		Sandoval	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	
United States Ra	ankaintev Court	for the: NORTHERN F	DISTRICT OF ILLINOI	nie .
Case number	inkrupicy count	ioi tile. <u>NORTHERN L</u>	DISTRICT OF ILLINOI	113
(if known)				Check if this is an amended filing
<u> </u>				aniented ming
Official Form	1 106H			
Schedule H		debtors		12/1
				nave. Be as complete and accurate as possible. If
needed, copy the page. On the top	Additional Pag of any Addition	e, fill it out, and number aal Pages, write your n	er the entries in the bo name and case number	elying correct information. If more space is oxes on the left. Attach the Additional Page to this r (if known). Answer every question.
□ No ☑ Yes				
2. Within the la	st 8 years, have	you lived in a commu	nity property state or t	territory? (Community property states and territories
	па, Салтотна, ю to line 3.	ano, Louisiana, Nevada	, New Mexico, Puerto Ri	Rico, Texas, Washington, and Wisconsin.)
12.1		ormer spouse, or legal e	quivalent live with you a	at the time?
_ D No			•	
Yes				
person show creditor on S	n in line 2 agai Schedule D (Offi	n as a codebtor only if	that person is a guarar dule E/F (Official Form	codebtor if your spouse is filing with you. List the antor or cosigner. Make sure you have listed the n 106E/F), or <i>Schedule G</i> (Official Form 106G). Use
Column 1:	Your codebto			Column 2: The creditor to whom you owe the debt
	'.			Check all schedules that apply:
3.1 Martinez	Eulalio			Oncor un soncuties that appry.
Name		· · · · · · · · · · · · · · · · · · ·		Schedule D, line
P.O. BOX	C 7382 Street		~	Schedule E/F, line 4.15
	······			Schedule G, line
Westche	ster	<u>IL</u>	60154-7382	Chase Bank
City		State	ZIP Code	
3.2 Martinez	, Eulalio			— Schedule D, line
P.O. BOX				
Number	Street			
Westche	n+n=	13	CO454 7200	Schedule G, line
City	31C3	IL State	60154-7382 ZIP Code	
3.3 Martinez,	. Eulalio			
Name P.O. BOX				Schedule D, line
Number	Street			Schedule E/F, line 4.50
				Schedule G, line
Westches City	ster	IL State	60154-7382	Target National Bank
Cità		State	ZIP Code	

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	ill in this inform	ation to identi	fy your case:				
	Debtor 1	Rafaela		Sandov	al		
		First Name	Middle Name	Last Name	•	Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	·	— o	An amended filing
	United States Bankn	uptcy Court for the	NORTHERN	DISTRICT OF I			A supplement showing postpetition
	Case number	1	***************************************				chapter 13 income as of the following date:
	(if known)						MM / DD / YYYY
	fficial Form 10						
5	chedule Ι: Υοι	ir Income	·				12/15
inc ab yo	sponsible for supply clude information ab- out your spouse. If i ur name and case no	ing correct inforn out your spouse. more space is ne	nation. If you ar If you are sepa eded, attach a s Answer every	e married and not rated and your sp eparate sheet to t	filing join ouse is no	tly, and your : It filing with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your employ information.	ment [•				
	If you have more th	an one		Debtor 1	·····		Debtor 2 or non-filing spouse
	job, attach a separa with information abo		oyment status	Employed Not employ	rnd.		Employed
	additional employer	S.	pation	Clerk	eu		■ Not employed
	Include part-time, so	easonal,					
	or self-employed wo	ork. Empl	oyer's name	Local 705 I.B.	T. Pensio	n Fund	
	Occupation may inc student or homemal applies.		oyer's address	1645 West Jac Number Street	kson Blv	/d.	Number Street
		esta.					
				Chicago	IL	60612	
				City	State	Zip Code	City State Zip Code
			ong employed ti	nere? 15 year	's		-
P	art 2: Give De	tails About M	onthly Incom	е			
Est non	imate monthly incon	ne as of the date y	you file this forn	n. If you have noth	ing to repo	rt for any line,	write \$0 in the space. Include your
lf yo	- •	pouse have more	han one employe	er, combine the info	ormation fo	r all employers	s for that person on the lines below. If
					For	Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross payroll deductions). would be.	wages, salary, at If not paid month!	n d commissions y, calculate what	(before all the monthly wage	2	\$4,853.33	Children and the second second
3.	Estimate and list m	onthly overtime p	oay.		3. +	\$0.00	1984 W. J.
4 .	Calculate gross inc	ome. Add line 2	+ line 3.		4.	\$4,853.33	

De	btor 1	Rafaela	a Sandoval		Case nur	nber (if kno	own)	
					For Debtor 1	For Det	otor 2 or ng spouse	
	Cop	oy line 4 here	· alubaretsportioneelinkahatetsportsportioneelinkahatetsportioneling	4.	\$4,853.33	***************************************	······	-
5.	List	t all payroll d	leductions:					
	5a.	Tax, Medic	are, and Social Security deductions	5a.	\$1,034.11			
	5b.		contributions for retirement plans	5b.	\$48.53			
	5c.	Voluntary of	contributions for retirement plans	5c.	\$0.00		·····	
	5d.	Required re	epayments of retirement fund loans	5d.	\$0.00			
	5e.	Insurance		5e.	\$0.00	-		
	5f.	Domestic s	support obligations	5f.	\$0.00			
	5g.	Union dues	i	5g.	\$0.00			
	5h.	Other dedu Specify: <u>G</u>	ctions. ARNISHMENT	5h.+	\$728.00			
6.		the payroll 5h.	deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$1,810.64			
7.			nonthly take-home pay. Subtract line 6 from line 4.	7.	\$3,042.69			
8.			ome regularly received:					
	8a.	business, p	from rental property and from operating a profession, or farm	8a.	\$0.00	***************************************		
		gross receip	tement for each property and business showing its, ordinary and necessary business expenses, and nthly net income.					
	8b.	Interest and	dividends	8b.	\$0.00			
	8c.		port payments that you, a non-filing spouse, or a regularly receive	8c.	\$0.00			
		Include alim	ony, spousal support, child support, maintenance, ement, and property settlement.					
	8d.	Unemploym	ent compensation	8d.	\$0.00			
	8e.	Social Secu		8e.	\$0.00			
	8f.	Other gover	nment assistance that you regularly receive		\$0.00			
		Include cash cash assista	assistance and the value (if known) or any non- nce that you receive, such as food stamps der the Supplemental Nutrition Assistance Program)					
		Specify:		8f.	\$0.00			
	8g.	Pension or a	retirement income	- 8g.	\$0.00			
		Other month Specify:	nty income.	8h.	\$0.00	·····	· · · · · · · · · · · · · · · · · · ·	
9.	Add	all other inc	ome. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			
10.	Calc Add 1	ulate monthl the entries in	y income. Add line 7 + line 9. line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,042.69 +		=	\$3,042.69
11.	State Inclu	all other re	gular contributions to the expenses that you list in Sons from an unmarried partner, members of your househ	chedule old, you	J. r dependents, your	roommate	s, and othe	er
	Do no	ot include any	y amounts already included in lines 2-10 or amounts that	t are not	available to pay ex	penses list	ted in Sche	edule .l
	Spec						11. +	**
12.	Add	the amount i	n the last column of line 10 to the amount in line 11.	The res	ult is the combined	monthly	12.	\$3,042.69
	incon	ne. Write tha oplies.	t amount on the Summary of Your Assets and Liabilities	and Ce	rtain Statistical Infor	mation,		Combined
13.	Do v	nii aynact sa	increase or decrease within the year after you file th	-1 F	•			monthly income
		No.		us torm	<u> </u>			
		Yes. Explain:	None.					
	ш '	. со. шхрівії.						

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j	Fill in this inform	ation to identif	y your case:			Check if th	:_ i	
	Debtor 1	Rafaela First Name	Middle Name	Sand Last Na		☐ An am	is is. nended filing plement showing	postnetition
	Debtor 2	First Name	Middle Name	XI		chapte	er 13 expenses a	
ľ	(Spouse, if filing)			Last Na			ing date.	
	Case number	uptcy Court for the:	NORTHERN DIST	TRICTO	F ILLINOIS	MM / [DD / YYYY \ OC	
	(if known)							
<u>0</u>	fficial Form 10	<u>6J</u>						
S	chedule J: Yo	ur Expenses						12/15
na	rrect information. If me and case numbe	more space is nee	eded, attach another ver every question.	ple are fil sheet to t	ing together, both are	equally res of any addit	ponsible for su ional pages, wri	pplying ite your
1.	Is this a joint case							
2.	✓ No. Go to line ✓ Yes. Does De	2. ebtor 2 live in a se	parate household? Official Form 106J-2,	Expenses	s for Separate Househ	old of Debtor	2.	
	Do not list Debtor 1 Debtor 2.		Yes. Fill out this infont for each dependent				Dependent's age	Does dependent live with you?
	Do not state the de	pendents'			son		18	Yes
	names.				daughter		12	No No Yes
								☐ No
					**************************************			Yes
								☐ No ☐ Yes
								□ No
3.	Do your expenses expenses of people yourself and your	e other than	☑ No □ Yes					Yes
P	art 2: Estimat	e Your Ongoin	g Monthly Expen	ses				
0 [imate your expenses report expenses as of form and fill in the a	of a date after the b	uptcy filing date unle ankruptcy is filed. If	ss you ar this is a	re using this form as supplemental Schedi	a supplemer Jle J, check	nt in a Chapter 1 the box at the to	3 case op of
ncl	lude expenses paid i h assistance and ha	for with non-cash we included it on \$	government assistan Schedule I: Your Inco	ice if you ime (Offic	know the value of ial Form 106I.)		Your expense)S
۱.			ses for your resident by rent for the ground o			4		\$1,511.00
	If not included in li	ne 4:						
	4a. Real estate tax	es				4	ia	
	4b. Property, home	owner's, or renter's	insurance			4	lb	
	4c. Home maintena	ance, repair, and up	keep expenses			4	с.	
	4d. Homeowner's a	ssociation or condo	minium dues			4	d.	

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De	ebtor 1 Rafaela Sandoval	Case number (if known)	
		Your expenses	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		···
	6a. Electricity, heat, natural gas	6a. \$17 (0.00
	6b. Water, sewer, garbage collection		0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$23 ;	····
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7\$430	0.00
8.	Childcare and children's education costs	8\$100	0.00
9.	Clothing, laundry, and dry cleaning	9\$75	5.00
10.	Personal care products and services	10 \$4 0	0.00
11.	Medical and dental expenses	11\$350	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12\$170	0.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	·····
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c. \$80	00
	15d. Other insurance. Specify:	15d.	.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		
17.	Installment or lease payments:	10.	
	17a. Car payments for Vehicle 1	17a.	
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:		
	17d. Other. Specify:	17d.	
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
9.	Other payments you make to support others who do not live with you. Specify:		
0.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
	20a. Mortgages on other property	20a.	
	20b. Real estate taxes		
	20c. Property, homeowner's, or renter's insurance		
	20d. Maintenance, repair, and upkeep expenses	204	
	20e. Homeowner's association or condominium dues	200.	

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Debtor 1		Rafaela Sandoval	Case number (if known)			
21.	Other.	Specify:	21.	ŧ		
22.	Calcu	ate your monthly expenses.	_			
	22a.	Add lines 4 through 21.	22a.	\$3,238.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.			
	22 c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$3,238.00		
23.	Calcul	ate your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$3,042.69		
	23b.	Copy your monthly expenses from line 22c above.	23b	- \$3,238.00		
		Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	(\$195.31)		
24.	Do yo	u expect an increase or decrease in your expenses within the year after you fik	e this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	N 🔁	0				
	Yes. Explain here: None.					
				Topological Control of the Control o		

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SAMA SAME CONTRACTOR SAME	Total Control of the	V-0.43 AC - V - 2010 CO			
Fill in this inf	ormation to	identify your case			
Debtor 1	Rafaela		Sandoval		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-	
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)		1	The state of the s	Check if this is an amended filing	
Official Form	106Dec			_	
		ndividual Debt	or's Schedules		12/15
5250,000, or impri	ty, or obtaining sonment for up n Below	money or property by to 20 years, or both.	/ fraud in connection with a I 18 U.S.C. §§ 152, 1341, 1519,	pankruptcy case can result in fines up to and 3571.	
Did you pay o	r agree to pay :	someone who is NOT :	an attorney to help you fill o	ut bankruptcy forms?	
□ No					
⊠ Yes. Na	me of person _	Daiva Indriuliene		Attach Bankruptcy Petition Preparer's Declaration, and Signature (Official Fo	
x Refaela Sai	le Donnal ndoval, Debtor 1		X Signature of Debtor 2	filed with this declaration and that they are	>
Date <u>06/1</u>	9/2018		Date MM / DD / YYOY	_	

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Fill in this inf	ormation to ide	ntify your case:			
Debtor 1	Rafaela First Name	Sandov Middle Name Last Name			
Debtor 2	i not inditio	Middle Name Last Name			
(Spouse, if filing)	First Name	Middle Name Last Name			
United States Bar	kruptcy Court for the	NORTHERN DISTRICT OF	ILLINOIS		
Case number (if known)				Check if	
Official Form	107	1144400000		amended	Tiling
		fairs for Individuals I	Filing for Bank	ruptcv	04/16
your name and cas	n. If more space is se number (if know	ible. If two married people are needed, attach a separate shee n). Answer every question. Your Marital Status and V	t to this form. On the	top of any additional pag	supplying es, write
	current marital state	*			
☑ No		lived anywhere other than whe		ow.	
3. Within the last (Community pro Washington, ar	operty states and ter	ver live with a spouse or legal e ritories include Arizona, Californi	quivalent in a commu a, Idaho, Louisiana, Ne	nity property state or terri vada, New Mexico, Puerto I	tory? Rico, Texas,
☑ No ☐ Yes. Make	sure you fill out Sch	nedule H: Your Codebtors (Officia	ıl Form 106H).		
Part 2: Exp	lain the Sources	s of Your Income			
Fill in the total a	imount of income yo	nployment or from operating a l u received from all jobs and all b have income that you receive to	usinesses, including pa	rt-time activities.	alendar years?
☐ No ☑ Yes. Fill in	the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
From January 1 of t the date you filed fo	he current year unt r bankruptcy:	Wages, commissions, bonuses, tips	\$26,264.00	Wages, commissions, bonuses, tips	
	•	Operating a business		Operating a business	
or the last calenda	•	₩ Wages, commissions, bonuses, tips	\$59,084.00	Wages, commissions,	***************************************
January 1 to Decem	ber 31; <u>2017</u>)	Operating a business		bonuses, tips Operating a business	
or the calendar yea	ar before that:	₩ages, commissions,	\$100,544.00	☐ Wages, commissions,	
January 1 to Decemi	per 31, 2016)	bonuses, tips Operating a business		bonuses, tips Operating a business	

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Debtor 1		Rafaela	Sandoval	Case number (if known)					
Include unempl		income re oyment; an nbling and	receive any other income during this year or the two previous calendar years? income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; byment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; billing and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under .						
List each source and the gross income from each source separately. Do not include income that you listed in line 4.									
✓ No ☐ Yes. Fill in the details.									
P	art 3:	t 3: List Certain Payments You Made Before You Filed for Bankruptcy							
6.	Are eith	er Debtor	1's or Debtor 2's debts primarily consumer debts?						
	☐ No.		r Debtor 1 nor Debtor 2 has primarily consumer debts. Consider by an individual primarily for a personal, family, or household p						
		During t	the 90 days before you filed for bankruptcy, did you pay any cred	itor a total of \$6,425* or more?					
		□ No.	Go to line 7.						
		☐ Yes.	List below each creditor to whom you paid a total of \$6,425* or total amount you paid that creditor. Do not include payments to child support and alimony. Also, do not include payments to ar	or domestic support obligations, such as					
		* Subje	ct to adjustment on 4/01/19 and every 3 years after that for cases	filed on or after the date of adjustment.					
	☑ Yes	. Debtor	1 or Debtor 2 or both have primarily consumer debts.						
		During t	the 90 days before you filed for bankruptcy, did you pay any cred	tor a total of \$600 or more?					
		☑ No.	Go to line 7.						
		☐ Yes.	List below each creditor to whom you paid a total of \$600 or mo creditor. Do not include payments for domestic support obligation Also, do not include payments to an attorney for this bankruptcy	ons, such as child support and alimony.					
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.								
Yes. List all payments to an insider.									

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Del	otor 1	Rafaela Sandoval		Case numbe	er (if known)			
8.	benefit Include No	ed an insider?	or bankruptcy, did you make any payonteed or cosigned by an insider.		,	account of a	debt that	
P	art 4:	Identify Legal Acti	ions, Repossessions, and Fore			44i	dia 2	-
•	List all :	such matters, including pe ations, and contract disput	rsonal injury cases, small claims action	s, divorces, collection si	uits, paternity	rative procee actions, supp	ort or custody	
	☐ No Yes	. Fill in the details.						
NA		DUCTION SUMMONS	Nature of the case AN ATTEMPT TO COLLECT DE	Court or agency THE CIRCUIT C Court Name 50 W. WASHING Number Street		Sta COOK COU	atus of the case NTY Pending On appea	
				CHICAGO City	IL. State	60602 ZIP Code		
0.	seized,	i year before you filed fo or levied? Ill that apply and fill in the	r bankruptcy, was any of your prope details below.	rty repossessed, forec	losed, garni	shed, attache	d,	
		Go to line 11 Fill in the information be	low.					
1.	Within 9 amount	00 days before you filed t s from your accounts or	for bankruptcy, did any creditor, inclu refuse to make a payment because y	iding a bank or financi ou owed a debt?	al institutio	n, set off any		
	☑ No □ Yes	. Fill in the details.						
2.	Within 1 creditor	year before you filed for s, a court-appointed rec	r bankruptcy, was any of your proper eiver, a custodian, or another official	ty in the possession o ?	f an assigne	e for the bene	efit of	
	☑ No □ Yes							

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Debtor 1		Rafaela Sandoval		al	Case number (if known)			
P	art 5:	List C	ertain C	Sifts and Co	ontributions			
13.	Within 2	years be	fore you	filed for bank	ruptcy, did you give any gifts with a to	tal value of more	than \$600 per pers	on?
	☑ No ☐ Yes	. Fill in the	e details t	for each gift.				
14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?						an \$600		
	☑ No ☐ Yes.	Fill in the	e details f	for each gift or o	contribution.			
P	art 6:	List Ce	ertain L	osses				
15.	Within 1 other dis	year befo saster, or	ore you fi gamblin	iled for bankru g?	ptcy or since you filed for bankruptcy	, did you lose an	ything because of t	heft, fire,
	Mo ☐ Yes.	Fill in the	details.					
P	art 7:	List Ce	ertain P	ayments or	Transfers			•
	Include a		eys, bankı		nkruptcy or preparing a bankruptcy pe preparers, or credit counseling agencies (red for your bankrupt	cy.
	va Indriu			·	Description and value of any proper USD	ty transferred	Date payment or transfer was made	Amount of payment
1 50	28 S Cic ber Stree	ero Ave	Ste C		-		06/05/2018	\$50.00
Dak	Forest		IL State	60452 ZIP Code	-		***************************************	
mai	or website	address			_			
erso	on Who Mad	le the Paym	ent, if Not	You	•			
7.	anyone w	/no prom	ised to h	elp you deal w	ptcy, did you or anyone else acting on vith your creditors or to make payment you listed on line 16.	your behalf pay on the story of the story our credito	or transfer any prop rs?	erty to
	☑ No	Fill in the						

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Dei	otor 1	Rafaela Sandoval Case number (if known)
18.	proper	2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than ty transferred in the ordinary course of your business or financial affairs?
	Include Do not	both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). include gifts and transfers that you have already listed on this statement.
	☑ No □ Yes	s. Fill in the details.
19.	Within you are	10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which a beneficiary? (These are often called asset-protection devices.)
	☑ No ☐ Yes	s. Fill in the details.
P	art 8:	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units
20.	Within 'benefit,	f year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your closed, sold, moved, or transferred?
	Include houses,	checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage pension funds, cooperatives, associations, and other financial institutions.
	☑ No □ Yes	. Fill in the details.
21.	Do you for secu	now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository Irities, cash, or other valuables?
	✓ No Yes.	. Fill in the details.
22.	Have yo ✓ No	u stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?
	☐ Yes.	Fill in the details.
Pa	rt 9:	Identify Property You Hold or Control for Someone Else
23.	Do you l or hold i	hold or control any property that someone else owns? Include any property you borrowed from, are storing for, in trust for someone.
	☑ No ☐ Yes.	Fill in the details.

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D	COTOL I	Karaeia Sandovai	Case number (if known)						
1	Part 10:	Give Details About Environmental Information							
Fo	For the purpose of Part 10, the following definitions apply:								
	■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
•	Site me utilize it	ans any location, facility, or property as defined under any environmer or used to own, operate, or utilize it, including disposal sites.	ital law, whether you now own, operate, or						
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.								
Re	port all r	notices, releases, and proceedings that you know about, regardless of	when they occurred.						
24.	. Has an law?	ny governmental unit notified you that you may be liable or potentially l	iable under or in violation of an environmental						
	☑ No □ Ye	s. Fill in the details.							
25.	No No	ou notified any governmental unit of any release of hazardous materials. Fill in the details.	?						
26.	Have your orders.	ou been a party in any judicial or administrative proceeding under any	environmental law? Include settlements and						
	☑ No ☐ Yes	s. Fill in the details.							
Р	art 11:	Give Details About Your Business or Connections to Ar	y Business						
27.	Within d	4 years before you filed for bankruptcy, did you own a business or hav ss?	e any of the following connections to any						
		An officer, director, or managing executive of a corporation	either full-time or part-time o (LLP)						
	☑ No. ☐ Yes	None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business.							
28.	Within 2	years before you filed for bankruptcy, did you give a financial stateme cial institutions, creditors, or other parties.	nt to anyone about your business? Include						
	☐ No ☐ Yes.	Fill in the details below.							

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Debtor 1	Rafaela Sandoval	Case number (if known)
Part 12:	Sign Below	
that answe	ers are true and correct. I unders	of Financial Affairs and any attachments, and I declare under penalty of perjury stand that making a false statement, concealing property, or obtaining money or kruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, 3571.
x <u>Za</u>	fali Daulot	X
Rafaela	Sandoval, Debtor 1	Signature of Debtor 2
Date _	06/19/2018	Date
Did you atta	ach additional pages to Your Sta	tement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
☑ No □ Yes		
Did you pay	y or agree to pay someone who i	is not an attorney to help you fill out bankruptcy forms?
□ No		
	ame of person <u>Daiva Indriulier</u>	Attach the Bankruptcy Petition Preparer's Notice,

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All the control of the state of		en e	entel all and the standard and delicited at		
Fill in this in	ormation to i	dentify your case:	经验的现在分词		
Debtor 1	Rafaela First Name	Middle Name	Sandoval Last Name		
Dahtan 3	1 EST PAINC	WINGSE WARTIE	Lasi Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	r the: NORTHERN DIS	STRICT OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an amended filing
Official Form	108				
		for Individuals	Filing Under Chapte	er 7	12/15
If you are an indiv	idual filing unde	r chapter 7, you must f	ill out this form if:		
		by your property, or			
		erty and the lease has	nat avai-ad		
	1,		-		
of creditors, which and lessors you li	never is earlier, i	uniess the court extend	you file your bankruptcy pe is the time for cause. You m	tition or by the date ust also send copie	set for the meeting s to the creditors
If two married neo	nle are filing too	other in a joint case. It	oth are equally responsible for		
Both debtors mus	t sign and date t	he form.	our are equally responsible to	or supplying correc	t information.
Be as complete an	id accurate as n	resible If more engage	is needed, attach a separate	alanda aliter.	
additional pages, v	write your name	and case number (if kn	own).	sneet to this form.	On the top of any
Part 1: List	Your Credite	ors Who Hold Secu	red Claims		_
For any credit fill in the infor	tors that you list mation below.	ed in Part 1 of <i>Schedul</i>	e D: Creditors Who Hold Clai	ms Secured by Pro	perty (Official Form 106D),
ldentify the cr	editor and the p	roperty that is collatera	What do you intend property that secure		Did you claim the property as exempt on Schedule C?
Creditor's	CHASE MOR	TGAGE	Surrender the pr	operty.	□ No
name:				rty and redeem it.	Yes
Description of property	2 bedroom, 2	bathroom	Retain the prope Reaffirmation Ag		
securing debt:			Retain the prope		
Part 2: List	Your Unexpi	red Personal Prope	erty Leases		
or any unexpired	personal proper	tv lease that you listed	in Schedule G: Executory Co	intracts and Unovni	red Leases (Official Form 106G),
iii iii me imormatic	ON DEIOW. DO NO	t list real estate leases.	Unexpired leases are leases rty lease if the trustee does	that are still in effe	ect: the lease period has not
		onal property leases			Will this lease be assumed?
None.					

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Debtor 1	Rafaela Sandoval	Case number (if known)	
Part :	3: Sign Below		
Under person	er penalty of perjury, I declare that onal property that is subject to an	have indicated my intention about any property of my estate that secures a debt and inexpired lease.	
Rafa	ela Sandoval, Debtor 1	Signature of Debtor 2	
Date	06/19/2018 MM / DD / YYYY	Date MM / DD / YYYY	

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Rafaela Sandoval

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

T	he above named Debtor	hereby verifies th	nat the attached lis	t of creditors i	is true and correct to	the best of his/her
knowled	ge.					

Date 6/19/2018	Signature Rafaela Sandoval
Date	Signature

UNITED STATES BANKRUPTCY COURT FOR THE

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

- In	re:	
	IC.	

Case No.:

Rafaela Sandoval

SSN: <u>xxx-xx-7783</u> SSN:

Debtor(s)

Numbered Listing of Creditors

Address:

Chapter: 7

10335 Devonshire Lane Westchester, IL 60154

Onapter.

	Creditor name and mailing address	Category of claim	Amount of claim
1.	A/R CONCEPTS 2320 DEAN ST., SAINT CHARLES, IL 60175 469697	Unsecured Claim	\$293.00
2.	ALLIED INTERSTATE P. O. BOX 361445 COLUMBUS, OH 43236 5510923340891	Unsecured Claim	\$2,019.00
3.	American Express P.O. BOX 7871 Fort Lauderdale, FL 33329 144115252019337472	Unsecured Claim	\$6,200.00
4.	Blatt, Hasenmiller, Leibsker & Moore LLC 10 S LA SALLE ST., # 2200 CHICAGO, IL 60603-1069 6018595013244831	Unsecured Claim	\$2,304.00
5.	CAPITAL ONE BANK USA NA PO BOX 6492 CAROL STREAM IL 60197-6492 5856374033270995	Unsecured Claim	\$750.00
6.	CAVALRY PORTAFOLIO SERVICES 4050 E Cotton Center Blv Phoenix, AZ 85040 20362483	Unsecured Claim	\$3,572.00

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in re: Rafa	ela Sandoval
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	Debtor		Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
7. .	CB/ASTEWRT P.O. BOX 182273 NORTHGLENN, CO 80233 200235	Unsecured Claim	\$120.00
8.	CB/CARSONS PO BOX 33066 NORTHGLENN, CO 80233 2117120008171615	Unsecured Claim	\$550.00
9.	CB/LNBRYNT P.O. BOX 182273 COLUMBUS, OHIO 43218 6978000009981932	Unsecured Claim	\$550.00
10.	CB/LNBRYNT P.O. BOX 182121 COLUMBUS, OHIO 43218 11557979187035	Unsecured Claim	\$228.00
11.	CB/VICSCRT PO BOX 182128 COLUMBUS, OH 43218 145243274801117	Unsecured Claim	\$100.00
12.	CBNA 701 EAST 60TH STREET SIOUX FALLS, SD 57104 7001062362282901	Unsecured Claim	\$3,000.00
13.	CBNA 13200 SMITH RD CLEVELAND, OH 44130 5121079771236	Unsecured Claim	\$3,100.00
14.	Chase Bank 201 N Walnut Street Wilmington DE 19801 5888964215257588	Unsecured Claim	\$700.00
5.	Chase Bank Cardmember Service PO Box 15153 Wilmington DE 19886.5153 426692101698	Unsecured Claim	\$3,300.00

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in re	e: Rafaela Sandoval		
	Debtoi	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
16.	Chase Bank 201 N Walnut Street Wilmington DE 19801 426684118316	Unsecured Claim	\$5,216.00
17.	Chase Bank 201 N Walnut Street Wilmington DE 19801 426684117036	Unsecured Claim	\$668.00
18.	Chase Bank 201 N Walnut Street Wilmington DE 19801 426684117036	Unsecured Claim	\$668.00
19.	CHASE MORTGAGE P.O. BOX 78116 PHOENIX, AZ 85062 4651006688365	Secured Claim	\$163,395.00
20.	CHOICE RECOVERY 1550 OLD HENDERSON RD ST COLUMBUS, OH 43220 16485554	Unsecured Claim	\$289.00
21.	CITI PO BOX 6500 SIOUX FALLS, SD 57117 542418077878	Unsecured Claim	\$8,700.00
22 .	COMENITY BANK PO BOX 182124 COLUMBUS, OH 43218-2124 5780971056971853	Unsecured Claim	\$250.00
23.	DRS GIRGIS & ASSOCIATES 908 N ELM STREET., SUITE 306 HINSDALE, IL 60521-3625 0001000000038353	Unsecured Claim	\$169.00
24.	DUPAGE MEDICAL GROUP 15921 COLLECTION CENTER DR., CHICAGO, IL 60693 603762982	Unsecured Claim	\$176.00

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t	Datasla	Camalanal
in re:	Rataela	Sandoval

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
25.	DUPAGE MEDICAL GROUP 15921 COLLECTION CENTER DR., CHICAGO, IL 60693 604565296	Unsecured Claim	\$98.00
26.	JOSEPH, MANN & CREED 8948 CANYON FALLS BLVD., # 200 TWINSBURG, OH 44087 9559565	Unsecured Claim	\$111.00
27.	LANEBRYANT RETAIL 450 WINKS LANE BENSALEM, PA 19020 6978000009981932	Unsecured Claim	\$200.00
28.	MACNEAL HEALTH NETWORK 2384 PAYSPHERE CIRCLE CHICAGO, IL 60674-0023 53561718	Unsecured Claim	\$1,222.28
29.	MACNEAL HEALTH NETWORK 2384 PAYSPHERE CIRCLE CHICAGO, IL 60674-0023 53467189	Unsecured Claim	\$397.60
30.	Merchants' Credit Guide Co. 223 West Jackson Blvd, #400 Chicago IL 60606 8140220557	Unsecured Claim	\$118.00
31.	Merchants' Credit Guide Co. 223 West Jackson Blvd, #400 Chicago IL 60606 8140220556	Unsecured Claim	\$58.00
32.	Merchants' Credit Guide Co. 223 West Jackson Blvd, #400 Chicago IL 60606 8142870637	Unsecured Claim	\$58.00
3 3 .	Midland Credit Mgmt 8875 AERO DR., SUITE 200 San Diego CA 92123 8574226104	Unsecured Claim	\$2,303.00

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in r	e: Rafaela Sandoval Debtor		
			Case No. (if known)
L	Creditor name and mailing address	Category of claim	Amount of claim
34.	MRS ASSOCIATES OF NEW JERSEY 1930 OLNEY AVE CHERRY HILL NJ 08003 LU4 2777955	Unsecured Claim	\$5,217.00
35.	MRS ASSOCIATES OF NEW JERSEY 1930 OLNEY AVE CHERRY HILL NJ 08003 LU4.2740602	Unsecured Claim	\$669.00
36.	NATIONWIDE CREDIT, INC P.O. BOX 14581 DES MOINES, IA 50306-3581 17165168414	Unsecured Claim	\$5,217.00
37.	NATIONWIDE CREDIT, INC P.O. BOX 14581 DES MOINES, IA 50306-3581 17165168307	Unsecured Claim	\$669.00
38.	NCC BUSINESS SERVICES INC 9428 BAYMEADOWS RD SUITE 200 JACKSONVILLE, FL 32256 3610955	Unsecured Claim	\$3,572.00
39.	Nordstrom Seattle, WA 98111 4470-4310-1292-3447	Unsecured Claim	\$400.00
40.	NORTHLAND GROUP P.O. BOX 390905 MINNEAPOLIS, MN 55439 F66309499	Unsecured Claim	\$2,305.00
41.	Portfolio Recovery Associates, LLC 120 Corporate Blvd Ste 1 Norfolk VA 23502 6045851008416554	Unsecured Claim	\$420.00
42.	Portfolio SYNCH 120 Corporate Blvd, #100 Norfolk VA 23502	Unsecured Claim	\$417.00

45851008416554

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in re	Rafaela Sandoval		
	Debtor		Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
43.	RUSH UNIVERSITY MEDICAL CENTER P. O. BOX 4075 CAROL SATREAM, IL 60197-4075 259512	Unsecured Claim	\$5.68
44.	RUSH UNIVERSITY MEDICAL GROUP 75 REMITTAGE DR., DEPT 1611 CHICAGO, IL 60675-1611 PB 259512	Unsecured Claim	\$20.00
45.	SYCHRONY BANK/TJX 4125 WINDWARD PLAZA ALPHARETTA, GA 30005 6045851008416554	Unsecured Claim	\$190.00
46.	SYNCHRONY BANK P.O. BOX 103065 ROSWELL, GA 30076 601859450032	Unsecured Claim	\$650.00
47.	SYNCHRONY BANK P.O. BOX 29116 SHAWNEE MISSION, KS 66201 329-80-7783	Unsecured Claim	\$900.00
48.	SYNCHRONY BANK P.O. BOX 103065 ROSWELL, GA 30076 329-80-7783	Unsecured Claim	\$900.00
49.	SYNCHRONY BANK P.O. BOX 981439 EL PASO, TX 79998 447995161001	Unsecured Claim	\$2,399.00
50.	SYNCHRONY BANK P.O. BOX 981400 EL PASO, TX 79998 601859501324	Unsecured Claim	\$1,750.00
51.	Target National Bank Mailstop 2bd Minneapolis MN 55440 4352-3733-6243-8191	Unsecured Claim	\$6,200.00

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		Debtor	Case No. (if known)
52.	Target National Bank PO Box 59317 Minneapolis MN 55459 425144151	Unsecured Claim	\$1,281. 0
	e penalty for making a false statement of J.S.C. secs. 152 and 3571.)	concealing property is a fine of up to \$500,000 or imprisonmen	nt for up to 5 years or both.
18 L	J.S.C. secs. 152 and 3571.)	concealing property is a fine of up to \$500,000 or imprisonment	nt for up to 5 years or both.
18 L			nt for up to 5 years or both.
18 U	J.S.C. secs. 152 and 3571.)		*
18 U I, <u>R</u> nam	J.S.C. secs. 152 and 3571.) afaela Sandoval ned as debtor in this case, declare under	DECLARATION	Listing of Creditors,